

**SELF-CERTIFICATION SAFETY CHECKLIST**  
**WORK-AT-HOME PROGRAM**

**EMPLOYEE NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_ **CODE** \_\_\_\_\_

The following checklist is designed to assess the overall safety of the alternate work area. The work area is limited to the workspace and equipment necessary to accomplish duties at home (e.g., the area within a room designated as office space) and is limited to the area occupied by the desk, chair, and items on the desk to include computer, printer, and fax machine as applicable.

The alternate duty station is located at: \_\_\_\_\_

Describe the designated work area (e.g., specific room or area in room where work will be performed): \_\_\_\_\_

**A. Workstation Checklist.**

- |   |            |
|---|------------|
| 1. Is there adequate ventilation behind and around the computer equipment?  | Yes No N/A |
| 2. Are the lighting levels comfortable?   | Yes No N/A |
| 3. Is the top of the VDT screen (monitor) located at eye level?   | Yes No N/A |
| 4. Is the VDT located 18-24 inches away from eyes?  | Yes No N/A |
| 5. Is the VDT placed in such a way that light from windows and overhead lighting does not cause glare?  | Yes No N/A |
| 6. Is the seat height of the chair adjusted so the entire sole of your foot rests on the floor or footrest, and the back of the knee is slightly higher than the seat of the chair? | Yes No N/A |
| 7. Does the chair have any loose casters (wheels)?  | Yes No N/A |
| 8. Are the casters suited to the type of flooring?  | Yes No N/A |
| 9. Are the rungs and legs of the chair sturdy?  | Yes No N/A |
| 10. Does the chair's back rest provide lumbar support?  | Yes No N/A |

11. Is the keyboard adjusted so the wrist is in a neutral position so that the wrist is not bent up or down? Yes No N/A
12. Is the pointing device (mouse) at keyboard height? Yes No N/A
13. Is the pointing device (mouse) in a comfortable position and operable without extended or repetitive operation? Yes No N/A
14. If documents are referred to, is there an adequate document holder? Yes No N/A
15. Are most frequently used items within easy reach? Yes No N/A
16. Is work area kept neat and free of clutter? Yes No N/A
17. Are file and storage cabinets arranged so that drawers and doors do not open into walking areas? Yes No N/A
18. Are heavier files/items stored in bottom drawers of filing cabinets to prevent cabinets from tipping over? Yes No N/A
19. Are floor surfaces free of recognized hazards (e.g., no frayed or worn seams that could create trip hazards)? Yes No N/A
20. Are combustible items (e.g., paper) located away from heat sources? Yes No N/A
21. Is a surge protector used on the computer equipment? Yes No N/A
22. Describe any problems or conditions of the work area that require attention or investigation:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**B. Equipment Identification (check applicable items).**

- ☐ Computer    ☐ Scanner    ☐ Copier    ☐ Printer    ☐ Fax Machine    ☐ Multifunction Machine
- ☐ Other (list)\_\_\_\_\_

**Employee Signature and Date**\_\_\_\_\_